

National Aged Care Mandatory Quality Indicator Program

A Dementia Australia submission

March 5, 2024

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Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia. Our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the living experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

Dementia in Australia

Dementia is the term used to describe the symptoms of a large group of complex neurocognitive conditions which cause progressive decline in a person's functioning. Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease. In 2024, it is estimated there are more than 421,000 people living with all forms of dementia. This figure is projected to increase to more than 812,500 by 2054, a projected percentage change of 93%. More than 1.6 million people in Australia are involved in the care of someone living with dementia.¹ Dementia is the leading cause of disease burden among Australians aged 65 and over. Dementia is the second leading cause of death for Australians and the leading cause of death of women.² Dementia does not just affect older people. It is estimated that almost 29,000 people in Australia currently live with younger onset dementia (a diagnosis of dementia under the age of 65).³

¹ Dementia Australia (2024) Prevalence Data, <https://www.dementia.org.au/information/statistics/prevalence-data>

² Australian Institute of Health and Welfare (2023) Dementia in Australia, Summary, Impact <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/summary>

³ Dementia Australia (2023) Dementia Prevalence Data 2024-2054, commissioned research undertaken by the Australian Institute of Health and Welfare.

Introduction

Dementia Australia welcomes the opportunity to make a submission on the Expansion of the National Aged Care Mandatory Quality Indicator Program in the residential aged care sector. Dementia Australia has a long-standing interest in aged care workforce issues and in particular, the quality of dementia care provided in the sector. We have made a number of submissions to Federal Government and industry consultations in relation to these issues over the last decade, addressing amongst other concerns, the need for mandatory dementia education for all aged care employees and minimum entry level dementia competency requirements. Our submissions to the Royal Commission into Aged Care Quality and Safety, and our **Parliamentary Friends of Dementia Roadmap for quality dementia care** (2021), set out in detail the conditions under which we believe the quality of dementia care can and must be improved in the sector.⁴

In relation to the proposed introduction of new quality indicators for ENs, Allied Health and Lifestyle staff, our broad concern lies with how that would contribute to improving the quality and continuity of care in the aged care sector. Our specific focus in relation to potential measures monitoring care minutes, services volumes, assessments and staff levels, is on the concomitant need to ensure that staff employed in these three domains are provided with the skills and knowledge about dementia to ensure the delivery of high quality dementia care. This submission will take the form of overarching observations about systemic aged care workforce issues with an emphasis on what we believe is the urgent priority in this context: dementia education.

Educating the aged care workforce

It is estimated that two thirds of Australian aged care residents are living with moderate to severe cognitive impairment. The capacity to deliver high quality dementia care should be fundamental to residential aged care operations.⁵

Multiple surveys of the aged care workforce demonstrate that aged care staff want ongoing, comprehensive dementia training⁶. Studies have also shown that health professionals who have recently completed dementia education are more likely to recognise the importance of understanding dementia and have a positive attitude towards people with the condition.⁷

⁴ Communique, Department of Health Aged Care Worker Regulation Scheme Dementia Australia 29 June 2020, Aged Services Industry Reference Committee The Reimagined Personal Care Worker Dementia Australia 27 July 2020; Royal Commission into Aged Care Quality and Safety Response to Counsel Assisting's submissions on the future of the aged care workforce Dementia Australia March 2020, Pathways and tertiary education in aged care A submission to the Aged Services Industry Reference Committee 2 October 2020;

⁵ AIHW suggests that more than half of all aged care residents have dementia: Australian Institute of Health and Welfare (2022) Dementia in Australia, AIHW, Australian Government

⁶ Australian Nursing and Midwifery Federation (2019). ANMF National Aged Care Survey 2019 – Final Report. Australian Nursing and Midwifery Federation (Federal Office), Melbourne, Victoria

⁷ Travers, C.M., Beattie, E., Martin-Khan, M. *et al.* A survey of the Queensland healthcare workforce: attitudes towards dementia care and training. *BMC Geriatric* **13**, 101 (2013). <https://doi.org/10.1186/1471-2318-13-101>

There are currently no minimum compulsory dementia education requirements for the aged care workforce – this includes personal care workers, enrolled and registered nurses, and allied health and lifestyle staff. Registered and Enrolled Nurses do not require specialist training or qualifications to work in the sector, and recent analyses show most do not have relevant qualifications or knowledge, particularly in the critical areas of best practice palliative and dementia care.⁸

Dementia Australia believes two key elements are required to support the transformation of the aged care sector and ensure the provision of quality dementia care:

1. Investment in initiatives that build the foundational capability of the current workforce and
2. Investment in initiatives that build mentoring and peer collaboration in a more effective way.

Targeting attention on both short-term and longer-term initiatives to embed dementia capability more consistently will complement the reform efforts to date and enhance the impact of new initiatives, including the introduction of new Quality Indicators. For example, the new Aged Care Quality Standards will include a strengthened requirement for providers to ensure all workers regularly receive competency-based training in caring for someone with dementia, but it is important not to overestimate the current baseline dementia capability of the sector. Not everyone with a Certificate III will have completed the dementia unit of competency, the content of which was recently updated; other members of the aged care workforce may not have received any specific dementia education, despite caring for people with a cognitive impairment in residential aged care.

Dementia Australia believes that introducing new quality indicators monitoring EN staff levels, care minutes and service delivery will be ineffective if there are no requirements in relation to the education and training and ongoing professional development and support for ENs to deliver high quality dementia care, and in the absence of corresponding measures to monitor confidence and competency levels in this significant area of their scope of practice.

The same argument can be made in relation to dementia education for allied health professionals working in the residential aged care sector. There is a substantial evidence-base for the effectiveness of rehabilitation and restorative measures for promoting function and quality of life for people living with dementia, including people living in residential aged care.⁹ Allied health staff play a critical role in the multidisciplinary aged care health team in maintaining the physical and psychological well-being of people living with dementia. As noted in our **Joint Position Statement on Access to Allied Health for people living with dementia**, studies have shown that if allied health services are offered, they tend to focus on managing impairments rather than an enabling approach to enhancing, restoring or maintaining an individual's functional capacity and independence.¹⁰

⁸ National Institute of Labour Studies (2017) The aged care workforce, 2016

⁹ Laver, K.E., Crotty, M., Low, L.F. et al. (2020). Rehabilitation for people with dementia: a multi-method study examining knowledge and attitudes. *BMC Geriatrics*, 20, 531

¹⁰-Poulos, J. et al (2017) A comprehensive approach to reablement in dementia, *Alzheimer's Dementia* (NY) 3(3): 450–458

The provision of appropriate allied health services and interventions is directly related to the whether the allied health professional involved has the appropriate knowledge, skills and/or experience in working with people living with dementia.

Physiotherapists are a key part of the multidisciplinary team but are also representative of the inadequate level of support for dementia education and training that allied health professionals receive more broadly. Dementia Australia and Australian Physiotherapy Association's **Joint Position Statement on Physiotherapy and Dementia** noted the limited professional and financial support in the health and aged care sectors to facilitate learning and career pathways in relation to physiotherapy and dementia. The statement also called for a mandatory component of dementia education in entry-level physiotherapy education courses, a call that could apply equally to training and education requirements for other allied health care professions working in the residential aged care sector.

In light of the recent pandemic, and the deleterious impacts on quality of life for people living in residential aged care, there has been an increasing and necessary focus on resident wellbeing. This focus has highlighted the crucial role that lifestyle staff play in supporting the physical and psychological health of people living in residential aged care through the provision of meaningful activities and purposeful social engagement. As the consultation paper noted, lifestyle staff are an integral part of the residential aged care team but there is an absence of evidence-based quality indicators measuring the impact of lifestyle officers.

Dementia Australia believes that the requirements in relation to dementia care education are as relevant for lifestyle staff as they are for staff in other domains. Certificate IV in Ageing Support & Leisure and Health, Community Services and other qualifications that support entry into the aged care sector in a lifestyle role have variable requirements. Some but not all courses include a dementia support topic but this is often offered as an elective rather than being a compulsory part of the qualification.

Studies have shown that dementia education increases staff confidence and satisfaction.¹¹ Evidence also suggests people living with dementia experience fewer incidences of changed behaviour when they receive care from health professionals that have completed high quality dementia education. Positive staff attitudes are associated with better service delivery and quality of life for residents living with dementia¹². A rigorous knowledge of dementia, and person-centred approaches to dementia care, must form part of any minimum levels of qualification required to work in the aged care sector.

Dementia Australia strongly supports compulsory dementia education for all staff working in the aged care sector in combination with improved education and qualification pathways and ongoing professional development.

¹¹ Chenoweth, L., Jeon, Y.-H., Merlyn, T. and Brodaty, H. (2010), A systematic review of what factors attract and retain nurses in aged and dementia care. *Journal of Clinical Nursing*, 19: 156-

¹² Anderson, K., Bird, M., MacPherson, S and Blair, A. (2016) How do staff influence the quality of long-term dementia care and the lives of residents? A systematic review of the evidence, *International Psychogeriatrics*

Health professionals including ENs, allied health staff, and lifestyle staff without existing qualifications in dementia care should be required to complete the vocational education and training (VET) dementia unit of competency as a prerequisite to providing services in residential aged care. Continuing professional development on dementia care should be completed annually to ensure clinical and other skills remain current. The implementation of the National Dementia Education and Training Standards Framework in July 2024 will contribute to achieving a uniform level of dementia care competency in the aged care workforce of the future.

Conclusion

Dementia Australia believes that enhancing the confidence and competency of ENs, allied health and lifestyle staff to deliver high quality dementia care appropriate to their role must be the first and urgent priority. The combination of ongoing, high quality dementia education, in conjunction with the introduction of quality indicators monitoring measures in relation to the performance and service delivery of ENs, allied health and lifestyle staff, could make a significant contribution to improving the quality of life of all people living in residential aged care.

Thank you for considering this submission and we would welcome the opportunity to discuss any of the issues raised in more detail.

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